

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO. **107018636**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	0	1	0	1	0	TOTAL IND.		0		0		0
TOTAL DEP.	8	0	21	0	17	0	TOTAL DEP.		0		0		0
TOTAL CLAIMS	9	0	22	0	18	0	TOTAL CLAIMS		0		0		0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

(Updated per 4/12/04)